

New Jersey Motor Vehicle Commission

Business Licensing Services Bureau

P.O. Box 171

Trenton, New Jersey 08666-0171

FLASHING AMBER LIGHT PERMIT

INSTRUCTIONS

Please ensure that the correct application is completed for an amber light permit and that all required documents, signatures, and fees (if applicable) are submitted with your application, as any errors and/or omissions will delay the processing of your request. Please refer to N.J.S.A. 39:3-50, N.J.S.A. 39:3-54.24, 54.25 and N.J.A.C. 13:24-4.1 et. seq., for the full text of the provisions governing the application for and the use of flashing amber lights.

Permit Eligibility

Owners or lessees of vehicles to be used for the following business operations are eligible for flashing amber light permits:

(i) Tow trucks bearing commercial registration

The use of the flashing amber light is restricted to operation on a public highway at the scene of an accident or breakdown while preparations are being made for vehicle removal and while the tow truck is towing or transporting the disabled vehicle from the scene of an accident or breakdown to the place of storage or repair. (N.J.A.C. 13:24-4.1(a)1)

(ii) Service vehicles bearing commercial registration

A flashing amber light may be used on a public highway where such warning light activation is necessary for the protection of the public or service vehicle personnel. (N.J.A.C. 13:24-4.1(a)2) "Service vehicle" means any vehicle bearing commercial registration that is used to perform some type of maintenance, inspection, or repair function within the confines of public highways or any vehicle used to transport or escort overdimensional loads on public highways. (N.J.A.C. 13:24-1.1)

(iii) Snow-removal and /or sanding vehicles bearing commercial registration

Use of the flashing amber light is permitted only where such vehicle is actually engaged in snow removal, sanding or plowing operation on a public highway, and the vehicle owner or lessee has a snow-removal or sanding contract with a governmental agency. (N.J.A.C. 13:24-4.1(a)3)

(iv) United States Postal Service (USPS) rural route letter carrier

The use of a flashing amber light is permitted on a vehicle owned or leased by a USPS rural route letter carrier or a member of his or her family when the vehicle is being operated in the performance of the employee's official duties. (N.J.A.C. 13:24-4.1(a)4)

(v) New Jersey Department of Transportation (NJDOT) employee

The use of a flashing amber light is permitted on a vehicle owned or leased by a NJDOT employee, and the amber light may be operated only when the vehicle is being utilized by the employee in the performance of his or her official duties. (N.J.A.C. 13:24-4.1(a)5)

(vi) New Jersey Highway Authority (NJHA) or South Jersey Transportation Authority (SJTA) employee

The use of a flashing amber light is permitted on a vehicle owned or leased by a NJHA or SJTA employee, and the amber light may be operated only when the vehicle is being utilized by the employee in the performance of his or her assigned duties at a worksite of the applicable Authority. (N.J.A.C. 13:24-4.1(a)7)

(vii) Security services vehicles bearing commercial registration

The use of a flashing amber light is permitted on a vehicle bearing commercial registration, which is owned or leased by a business that provides security services for commercial businesses or private residences, and the use of the amber light is permitted only while the vehicle is actually engaged in providing security services. (N.J.A.C. 13:24-4.1(a)9)

(viii) Public utility company employee

The use of a flashing amber light is permitted on a vehicle owned or leased by an employee of a public utility company or a member of his/her family, and the amber light may be operated only when the vehicle is being utilized by the employee in the performance of his or her official duties. (N.J.S.A. 39:3-54.24)

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ADDITIONAL INSTRUCTIONS

Please refer to N.J.S.A. 39:3-50, N.J.S.A. 39:3-54.24, 54.25 and N.J.A.C. 13:24-4.1, et. seq., for the full text of the provisions governing the application for and the use of flashing amber lights.

Permit Fees

Initial permit issuance: \$25 per vehicle on which an amber light will be used. (N.J.S.A 39:3-50(d))

Renewal of permit: \$25 per vehicle on which an amber light will be used. (N.J.S.A 39:3-50(d))

Make check payable to: "NEW JERSEY MOTOR VEHICLE COMMISSION" or "NJMVC" for the TOTAL FEE

TOTAL FEE = Number of Vehicles x \$25 (E.g., 1 vehicle = \$25, 2 vehicles = \$50).

Possession and Exhibition of Permit

The permit must be in the possession of the operator at all times when the flashing amber light is displayed on the vehicle and shall be exhibited upon the request of any law enforcement official or authorized representative of the New Jersey Motor Vehicle Commission. (N.J.A.C. 13:24-4.3)

Permit Validity; Cancellation; Revocation

The Flashing Amber Light permit is valid for four years from the date of issuance, unless cancelled or revoked, and is non-transferable. Termination of the type of employment or service for which the permit is issued, or the sale, transfer, disposal or termination of the lease of the vehicle for which the permit was issued, automatically and immediately cancels the permit and invalidates the authority for use of such light. The permit is to be surrendered to the New Jersey Motor Vehicle Commission by the permit holder within 10 business days from the cancellation or revocation. (N.J.A.C. 13:24-4.2, 4.5, et seq.)

Mounting of Lights

A flashing amber light utilized on a vehicle shall be mounted so that at least one such light is clearly visible from every direction when the vehicle is being used for the type of employment or service for which the permit was issued. Alternately flashing or strobe headlights are prohibited and shall not be incorporated into the housing of any lighting permitted. (N.J.A.C. 13:24-4.4)



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609-292-6500 #5014

FLASHING AMBER LIGHT PERMIT APPLICATION

TOW TRUCKS, SERVICE VEHICLES, SNOW-REMOVAL/SANDING VEHICLES or SECURITY SERVICES
Bearing Commercial Registration

Business Information

Business Name

Full Address

City

State/Zip

County

Business Corp Code

Contact Name

Business Phone Number

Business Email Address

Provide a detailed description of the type of service and location (include County name(s)) where amber light will be operated:

Vehicle Information (Commercial Registration Only)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VIN

Applicant Signature: _____

Date: _____

Title: _____

ATTACH THE FOLLOWING: - A copy of the registration for the vehicle described above
- A copy of the lease agreement (if the vehicle is leased)
- Check payable to "NJMVC" for Total Fee (See Instructions)

Total Fee Enclosed _____

After completion, this application must be signed by the Chief Law Enforcement Officer of the municipality where the service is provided, and returned to the New Jersey Motor Vehicle Commission. (N.J.A.C. 13:24-4.2(b))

I, _____, have read the instructions pertaining to this application for a flashing
Chief Law Enforcement Officer's Name

amber light permit for the vehicle(s) and services described above, and believe that the applicant qualifies for this permit.

Signature _____

Date _____

Title _____

Law Enforcement Organization _____

Contact Phone No. _____

Email Address _____



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FLASHING AMBER LIGHT PERMIT APPLICATION UNITED STATES POSTAL SERVICE EMPLOYEE

Employee Information (Permit Holder)

Employee's Name

Full Address

City

State/Zip

Driver License Number

(Attach legible copy of driver license if not New Jersey)

Daytime Telephone Number

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (Passenger Registration Only)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VIN

Employee Signature: _____

Date: _____

Employee Title: _____

ATTACH THE FOLLOWING: - A copy of the registration for the vehicle described above
- A legible copy of driver license if not New Jersey
- A copy of the lease agreement (if the vehicle is leased)

United States Postal Service Information

Post Office Location

Full Address

City

State/Zip

County

Business Corp Code

Business Phone Number

Business Email Address

After completion, this application must be signed by the Postmaster of the Post Office where applicant is employed, and returned to the New Jersey Motor Vehicle Commission. (N.J.A.C. 13:24-4.2(c))

I, _____, have read the instructions pertaining to this application for a flashing
(Postmaster)
amber light permit for the vehicle(s) and services described above, and believe that the applicant qualifies for this permit..

Signature _____

Title: _____

Date _____

Contact Phone No. _____

Email Address _____



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FLASHING AMBER LIGHT PERMIT APPLICATION NEW JERSEY DEPARTMENT OF TRANSPORTATION EMPLOYEE

Employee Information (Permit Holder)

Employee's Name

Full Address

City

State/Zip

Driver License Number

(Attach legible copy of driver license if not New Jersey)

Daytime Telephone Number

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (Passenger Registration Only)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VI
N

Employee Signature: _____ Title: _____ Date: _____

ATTACH THE FOLLOWING:

- A copy of the registration for the vehicle described above
- A legible copy of driver license if not New Jersey
- A copy of the lease agreement (if the vehicle is leased)

Deputy Commissioner or Designee Name (Print)

NJDOT Street Address

City

State/Zip

Business Corp Code

NJDOT Phone Number

NJDOT Email Address

After completion, this application must be signed by the NJDOT Deputy Commissioner or his/her designee where the service is provided, and returned to the NJ Motor Vehicle Commission. (N.J.A.C. 13:24-4.2(d))

I, _____, have read the instructions pertaining to the
(NJDOT Deputy Commissioner or Designee)
application for this flashing amber light permit for the vehicle and services described above, and believe that the applicant qualifies for this permit.

Signature

Title

Date

Location _____

NJDOT Phone No. _____

NJDOT Email Address _____



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FLASHING AMBER LIGHT PERMIT APPLICATION

NEW JERSEY HIGHWAY AUTHORITY or SOUTH JERSEY TRANSPORTATION AUTHORITY EMPLOYEE

Employee Information (Permit Holder)

Employee's Name

Full Address

City

State/Zip

Driver License Number

(Attach legible copy of driver license if not New Jersey)

Daytime Phone Number

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (Passenger Registration Only)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VIN

Employee Signature: _____ Title _____ Date: _____

ATTACH THE FOLLOWING:

- A copy of the registration for the vehicle described above
- A legible copy of the driver license if not New Jersey
- A copy of the lease agreement (if the vehicle is leased)

Executive Director or Designee Name

Street Address

City

State/Zip

Business Corp Code

NJHA or SJTA Phone Number

NJHA or SJTA Email Address

After completion, this application must be signed by the Executive Director of Applicable Authority or his/her designee where the service is provided, and returned to the NJ Motor Vehicle Commission. (N.J.A.C. 13:24-4.2(f))

I, _____, have read the instructions pertaining to the
(Executive Director of Applicable Authority or Designee)
application for this flashing amber light permit for the vehicle and services described above, and believe that the applicant qualifies for this permit.

Signature

Title

Date

Name of Authority _____

Authority's Phone No. _____

Authority's Email Address _____



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FLASHING AMBER LIGHT PERMIT APPLICATION PUBLIC UTILITY COMPANY EMPLOYEE

Employee Information (Permit Holder)

Employee's Name

Full Address

City

State/Zip

Driver License Number

(Attach legible copy of driver license if not New Jersey)

Daytime Phone Number

Provide a detailed description of the employee's duties and the designated areas (include County name(s)) where amber light will be operated:

Vehicle Information (Passenger Registration Only)

I hereby apply for a permit authorizing the installation and use of an amber light on the following described vehicle:
(Please attach sheets for additional vehicles, as necessary)

Name of Registered Owner/ Lessee

Relationship of Registered Owner/Lessee to Applicant

Street Address

City

State

Zip

County

License Plate No.

Year

Make

Model

VIN

Employee Signature: _____

Date: _____

Employee Title: _____

ATTACH THE FOLLOWING: - A copy of the registration for the vehicle described above

- A legible copy of driver license if not New Jersey

- A copy of the lease agreement (if the vehicle is leased)

- Check payable to "NJMVC" for Total Fee (See Instructions)

Total Fee Enclosed _____

Public Utility Company Information

Name of Public Utility Officer Authorizing Application

Name of Public Utility Company

Full Address

City

State/Zip

Business Corp Code

Business Phone Number

Business Email Address

Officer's Signature: _____ Title _____

Date: _____